



AF/2004  
JW

|   |                      |                        |                     |
|---|----------------------|------------------------|---------------------|
| <b>TRANSMITTAL FORM</b><br>(to be used for all correspondence after initial filing) | Application Number   | 09/732,024             |                     |
|   | Filing Date          | December 8, 2000       |                     |
|   | First Named Inventor | Paula S. Newman et al. |                     |
|   | Group Art Unit       | 2144                   |                     |
|   | Examiner Name        | Tammy T. Nguyen        |                     |
| Total Number of Pages in This Submission  | 9                    | Attorney Docket Number | D/A0836 (1508/3190) |

| ENCLOSURES (check all that apply)   |   |   |
|---|---|---|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment / Reply<br><input checked="" type="checkbox"/> After Final<br>1. Pre-Appeal Brief Request For Review Transmittal<br>2. Pre-Appeal Brief Request For Review<br><br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request for 1 month<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/ Incomplete Application<br><br><input type="checkbox"/> A copy of the Notice to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)<br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Declaration and Power of Attorney<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Application Data Sheet<br><input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures<br><input checked="" type="checkbox"/> A self-addressed, prepaid postcard for acknowledging receipt<br><input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks   |   | <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.  |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |   |
|--|---|
| Firm or Individual name                    | John F. Guay, Reg. No. 47,248<br>c/o Gunnar G. Leinberg, Reg. No. 35,584<br>Nixon Peabody LLP<br>Clinton Square, P.O. Box 31051<br>Rochester, New York 14603-1051<br>Telephone: (585) 263-1014<br>Fax: (585) 263-1600 |
| Signature                                  |   |
| Date                                       | November 14, 2005   |

| CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]  |                       |
|---|-----------------------|
| I hereby certify that this correspondence is being:   |                       |
| <input checked="" type="checkbox"/> deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop _____, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 |                       |
| <input type="checkbox"/> transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (703) _____   |                       |
| Date  | Signature             |
|   | Typed or printed name |